

CLAIMS ONLY

| | |
|---------------------------------|-------------|
| Application Number 10/690835 | Filing Date |
| Applicant(s) | |

1000

- * May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | / | / | | |
| 22 | | | / | / | | |
| 23 | | | / | / | | |
| 24 | | | / | / | | |
| 25 | | | / | / | | |
| 26 | | | / | / | | |
| 27 | | | / | / | | |
| 28 | | | / | / | | |
| 29 | | | / | / | | |
| 30 | | | / | / | | |
| 31 | | | / | / | | |
| 32 | | | / | / | | |
| 33 | | | / | / | | |
| 34 | | | / | / | | |
| 35 | | | / | / | | |
| 36 | | | / | / | | |
| 37 | | | / | / | | |
| 38 | | | / | / | | |
| 39 | | | / | / | | |
| 40 | | | / | / | | |
| 41 | | | | | | |
| 42 | | | | | | |
| 43 | | | | | | |
| 44 | | | | | | |
| 45 | | | | | | |
| 46 | | | | | | |
| 47 | | | | | | |
| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| Total Indep | | | 3 | | | |
| Total Depend | | | 17 | | | |
| Total Claims | | | 20 | | | |